



## APNA submission to the:

*Australian Institute of Health and Welfare  
consultation regarding the National Primary  
Health Care Data Asset: Data Development  
Plan*

---

June 2019

## About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

[www.apna.asn.au](http://www.apna.asn.au)

## Our Vision

A healthy Australia through best practice primary health care nursing.

## Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

## Contact us

APNA welcomes further discussion about this review and our submission. Contact:

Shanthi Gardiner

[policy@apna.asn.au](mailto:policy@apna.asn.au)

1300 303 184

## Table of Contents

Introduction .....	4
Background .....	4
About the review.....	5
APNA Submission .....	5
APNA’s overarching view of the <i>Primary Health Care Data Asset</i> .....	5
APNA’s response to the <i>Primary Health Care Data Asset: Data Development Plan</i> .....	5
Concluding comments .....	11
References .....	12

## Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Australian Institute of Health and Welfare (AIHW) consultation regarding the *National Primary Health Care Data Asset: Data Development Plan*.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

## Background

Primary health care nurses are the largest group of healthcare professionals working in primary health care. In Australia, at least 78,000 nurses work outside of the hospital setting in primary health care (Department of Health 2019) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, boarding houses and outreach to homeless people
- custodial/detention settings
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

The role for nurses within primary health care is clear. Nationally and internationally, nurses are now being seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader and more central role for nurses within a team-based, multi-disciplinary approach to care, enables health services to deliver essential holistic, person-centred management of chronic disease, and importantly it offers an opportunity to move from a disease focused approach to care to focusing on the prevention of illness and health promotion (ANF 2009; Crisp and Iro 2018).

## About the review

APNA understands the role of the *Primary Health Care Data Asset* as described in the *Data Development Plan*, and also the objectives of the *Data Development Plan*.

APNA acknowledges that the challenges in developing the *Primary Health Care Data Asset* and that this is a multi-stage process.

## APNA Submission

### APNA's overarching view of the *Primary Health Care Data Asset*

APNA welcomes the opportunity to provide feedback on the Australian Institute of Health and Welfare's (AIHW) *National Primary Health Care Data Asset* and the *Data Development Plan*.

APNA supports the development of a *National Primary Health Care Data Asset*, and we believe the *Data Development Plan* is an important step to obtaining a more complete understanding of the current primary health care system alongside identifying opportunities for system and service enhancements to improve population health outcomes.

Nurses make up the largest part of the health workforce, with at least 78,000 nurses working in primary health care across Australia. Given the size of this workforce, we believe it is highly important to consider how its work can be measured and made visible by the *Primary Health Care Data Asset*, to assist with informing multidisciplinary primary health care provision, health workforce planning and importantly to better understand what works to improve health outcomes for Australians.

### APNA's response to the *Primary Health Care Data Asset: Data Development Plan*

In order for the aims of the *National Primary Health Care Data Asset* to be fully realised, APNA highlights the following key issues:

#### (1) Health professional demographics, activity and health outcomes

The *Data Development Plan* consultation paper indicates that "the Data Asset will initially comprise aggregated general practice activity data and in the longer term it is envisaged that it will consist of unit record level data". APNA supports this statement however we urge the AIHW to commit to the inclusion of a broader range of general practice activity data in the medium term. General practice activity data collection needs to be expanded from general practitioners to include other health professional demographics, activity and related health outcomes. The inclusion of a broader range of primary health care activity data in general practice settings will provide a more complete understanding of the patient journey, such as what healthcare is provided, by whom and with what outcomes across Australia. With nurses being the largest and most geographically spread health workforce in Australia, this will assist with informing multidisciplinary primary health care provision,

with the implementation of cost-effective models of health care that best meet population needs and also with workforce planning.

APNA believes that new data sources identified in the *Data Development Plan* on page 15 of the consultation paper should be expanded to include primary health care nurses. And whilst table 5.1 on page 32 of the *Data Development Plan* consultation paper appears to include “provider type/role”, it is not clear if the proposed core data elements will be able to ascertain which multidisciplinary team member provided what level of care during the patient encounter. The inclusion of primary health care nursing data in the *Primary Health Care Data Asset* will be important for understanding the contribution of this workforce to health outcomes. There are over 13,800 nurses employed in general practice settings across Australia, making them the next most common health professional in general practice next to general practitioners. This is a significant proportion of the general practice workforce contributing to patient care which should be accounted for when building a picture of how the current health system operates.

Nurses are invisible in the data that is currently collected. This limits effective policy making and decisions that could contribute to identifying opportunities to better utilise the existing primary health care nursing workforce. Given projected health workforce shortages better utilisation of the current workforce is essential. Evidence suggests that primary health care nurses working to the breadth of their scope facilitates better outcomes for patients, enhanced productivity and value for money for health services (Keleher et al 2019; Helms et al 2009; Bradbury 2017).

APNA conducts an Annual Workforce Survey with its members, which collects a range of data to understand the depth and breadth of primary health care nurse activity. The 2018 APNA Workforce Survey includes responses from over 2,000 primary health care nurses in Australia and indicates that this workforce commonly performs activities including: adult and childhood immunisations; adult health assessments including cardiac and diabetic checks; development of care plans; provision of health promotion advice; facilitating recalls and reminders for follow up care; and other tasks such as wound management and medication administration.

Primary health care nurses across all settings also play a key role in data collection, coding and analysis. For example, primary health care nurses may support or lead data collection of internal practice/provider measures and/or analyse data to formulate a practice/provider demographic and disease profile. This includes using data to identify patients at risk of developing chronic illness as well as monitoring those already diagnosed with chronic health conditions. Nurses are actively recruited by Primary Health Networks (PHNs) to clean data and use data mining tools that not only help form a practice population health condition profile but also feeds back into the PHNs de-identified data collection system. This is important for reporting on health conditions at a PHN area level but also informs the national picture.

APNA believes it is essential that the core data elements and potential indicators for general practice outlined in the *Data Asset Plan* be revised to include a focus on primary health care nurses. APNA suggests the following additions:

- I. Table 5.2, page 34: “number of primary health care nurses” should be added alongside “number of GPs”.
- II. Table 5.2, page 31-34: the addition of encounters such as: adult and childhood immunisations; adult health assessments including cardiac and diabetic checks; development

of care plans; provision of health promotion advice; facilitating recalls and reminders for follow up care; and other tasks such as wound management and medication administration.

- III. Table 5.2, page 31-34: the multidisciplinary team member (i.e. primary health care nurse, GP) providing each encounter should be identifiable. For example: a primary health care nurse may administer a vaccine or medication.
- IV. Table 5.3, page 37: add “patient experience of primary health care nurse care”.

APNA also notes here that the CSIRO is undertaking work for the Australian Government Department of Health to improve the data recorded at the point of care in clinical information systems, which will likely have longer term benefits for data collection for secondary uses like the *Primary Health Care Data Asset*. APNA is part of the working groups established as part of this body of work, in order to provide the primary health care nursing perspective to this project.

APNA would welcome the opportunity to work with the AIHW on further developing a framework for measuring primary health care nurse activity as part of the *Primary Health Care Data Asset*. APNA also expresses interest in being a member of advisory groups that the AIHW may form as it further develops the *Primary Health Care Data Asset*.

#### **APNA recommends:**

- The AIHW commit to the inclusion of a broader range of general practice activity data in the *Primary Health Care Data Asset* over the medium term. This would encompass expanding general practice data collection to include demographics, activity and related health outcomes for work provided by other health professionals (i.e. primary health care nurses).
- New data sources identified in the *Data Development Plan* be expanded to include primary health care nurses.
- The core data elements and potential indicators for general practice outlined in the *Data Development Plan* be revised to optimise measurement the role of primary health care nurses in the general practice setting.
- The AIHW develop a framework for measuring primary health care nurse activity in collaboration with APNA.

## **(2) Outcomes-focused and value-based health care**

Contemporary and innovative approaches are needed to address the current and emerging challenges facing Australia’s health care system. The Australian Healthcare and Hospitals Association’s (AHHA) *A blueprint for a post-2020 National Health Agreement* (AHHA 2017) sets out an outcomes-focused and value-based vision for healthcare, arguing that this is likely to result in a more sustainable health system. This is also argued in a report from KPMG which states that, “in an outcome-driven system, health professionals make better decisions that are more likely to improve the patient’s overall quality of life” (KPMG 2015). Some states and territories in Australia are already working towards outcomes-focused and value-based health care (NSW Health 2019). However commitment from all levels of Government will be essential to re-orientate the health system (AHHA 2017).

APNA believes data measures that will facilitate the adoption of outcomes-focused and value-based health care must be incorporated in the *Data Development Plan*. APNA commends the AIHW for

proposing to measure a number of process and outcome indicators as part of the *National Primary Health Care Data Asset*. However the *Data Development Plan* highlights a number of data gaps, such as patient reported measures (i.e. Patient Reported Outcome Measures and Patient Reported Experience Measures) that will be necessary to facilitating value-based health care. APNA recommends that a plan for capturing such relevant data be developed, as this will assist with leading to a more patient-centred health care system and improvements in patient safety and quality of care.

**APNA recommends:**

- Data which will facilitate the adoption of outcomes-focused and value-based health care be included in the phased approach to development of the *Primary Health Care Data Asset*.

### **(3) Non-financial incentives for participation**

The comprehensiveness and quality of the data in the *Primary Health Care Data Asset* will be somewhat dependent on primary health care professionals and service providers. Given that participation in the *Primary Health Care Data Asset* by primary health care professionals is voluntary, APNA believes that a greater understanding of what enables and motivates health professionals and service providers to participate and provide quality data should be understood.

Financial incentives, whilst a motivator, are not always sustainable and are likely to create further challenges for an already stretched health budget. APNA suggests that non-financial incentives could also be considered and could include: access to relevant data from the *Primary Health Care Data Asset* for Quality Improvement Practice Incentives Program (QI PIP) and the Quality Improvement and Continuing Professional Development Program (QI&CPD), and credit towards professional development programs etc.

**APNA recommends:**

- The AIHW understand the enablers and motivators for effective participation in the *Primary Health Care Data Asset*, and develop a combination of financial and non-financial incentives to encourage collaboration and cooperation.

### **(4) Data Access**

APNA supports the AIHW's proposal that user access to the *Primary Health Care Data Asset* must meet a set of criteria regarding appropriate use, and that data accessed will be de-identified in the interests of patient privacy. We also support the development of an annual report produced by the AIHW and the potential provision of open data for public use.

APNA understands that the AIHW is funded by the Commonwealth Government to develop the *Primary Health Care Data Asset*. However we believe that the *Primary Health Care Data Asset* has value for local, State and Federal Governments who provide a range of services that impact on population health and wellbeing. APNA suggests that relevant and appropriate access to data from the *Primary Health Care Data Asset* should be made available to a broad range of stakeholders,

including all levels of Government and those who provide input into the *Primary Health Care Data Asset*.

Furthermore, health professionals and service providers who contribute to the *Primary Health Care Data Asset* should be provided with access to relevant and appropriate data. This could assist services with benchmarking and improving service quality but may also be a non-financial incentive that encourages greater participation and cooperation.

**APNA recommends:**

- The AIHW develop a strategy that details how all relevant stakeholders will have access to data from the *Primary Health Care Data Asset*. The strategy should be made available to stakeholders for feedback.

## **(5) Consumer involvement**

The successful implementation of the *Primary Health Care Data Asset* will necessitate consumer backing due to the need for patient data collection. Given the challenges regarding privacy concerns encountered during the MyHealth Record implementation, APNA suggests that the AIHW ensure that appropriate safeguards exist and that these be clearly communicated to the public.

In a report by NPS MedicineWise and the Australian Consumers Health Forum (2018) it was found that consumers would be more willing to share their data if was to be utilised for public good, rather than commercial gain. Therefore, a strategy that involves the public in the development and implementation of the *Primary Health Care Data Asset* should be established to build trust and transparency.

**APNA recommends:**

- The development of consumer engagement and communication strategy in the development and implementation of the *Primary Health Care Data Asset*.

## **(6) Data Gaps**

Primary health care nurses work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, boarding houses and outreach to homeless people

- custodial/detention settings
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

Primary health care nurses working in these settings may provide primary health care that includes but is not limited to: health promotion; chronic disease management; antenatal and postnatal care; child and family health nursing; rehabilitation; palliation; mental health support; alcohol and other drugs support.

APNA notes that the AIHW recognises the need to include a broader range of primary health care activity data in the longer term. The inclusion of the broader range of primary health care activity data over time will be important to provide a much more complete understanding of the patient journey. APNA highlights that nurses play a key role in service delivery in these settings, with more than 78,000 nurses working in such settings. As with the general practice setting, the inclusion of primary health care nursing data in this aspect of the *Primary Health Care Data Asset* will be essential to understand the contribution of this workforce to health outcomes. This data will also be important to identify opportunities to better utilise the existing primary health care nursing workforce, especially given projected health workforce shortages, especially for primary health care nursing (HWA 2014).

**APNA recommends:**

- The AIHW commit to the inclusion of the broad range of primary health care nursing activity data in the *Primary Health Care Data Asset* over the longer term.

**(7) Contribution to the *National Primary Health Care Data Asset* by peak and professional bodies**

APNA currently collects data on the primary health care nursing workforce via our Annual Workforce Survey. There is potential for not-for-profit and professional bodies, such as APNA, to contribute data to the *National Primary Health Care Data Asset*. APNA understands the importance of ensuring that existing data meet various criteria around privacy/confidentiality, governance, transmission, storage and data documentation as noted in the “decision making matrix used by the AIHW to assess potential data sources” on page 18 of the *National Primary Health Care Data Asset*. APNA proposes that non-financial incentives for organisations to meet inclusion criteria and contribute to the *National Primary Health Care Data Asset* may be a useful strategy to increase the pool of feasible data sources. This is likely to enhance the value and sustainability of the *National Primary Health Care Data Asset* in addition to reducing overall costs.

**APNA recommends:**

- Organisations collecting relevant primary health care data be encouraged to meet potential data source inclusion criteria and contribute to the *National Primary Health Care Data Asset*.

## (8) A final note

The acronym “GP” should be used to refer to general practitioners only. Where relevant the term “general practice” or “general practice team” should be used instead as this encompasses other health professionals contributing to multi-disciplinary team-based care. For example: page 36 states that “for some indicators, GPs may be unable to have direct influence in the near term” and “selected potentially avoidable GP-type presentations to EDs”; page 42 states “processes to feed data back to GPs should also be facilitated”. In these instances, APNA believes that the acronym GP should be replaced with general practice.

### APNA recommends:

- The acronym “GP” should be used to refer to general practitioners only. Where relevant the term “general practice” should be used to encompass all members of team-based care.

## Concluding comments

The nurse workforce is the largest and most geographically spread health workforce in Australia, and this is no less for primary health care nurses specifically. In addition to this, it is indisputable that team-based, patient-centered care is required to address the complexities of chronic disease management, which is multifaceted in its causes and progression.

It is in this context, that it is essential that data collected by the *Primary Health Care Data Asset* makes visible the demographics, activity and related health outcomes for all health professionals, including primary health care nurses. The inclusion of a broader range of primary health care activity data in primary health settings will provide a more complete understanding of the patient journey, such as what healthcare is provided, by whom and with what outcomes across Australia. This will then assist with informing multidisciplinary primary health care provision, workforce planning and implementation of cost-effective models of care that best meet population needs, as is the role of the *Primary Health Care Data Asset*.

## References

- Australian Healthcare and Hospitals Association [AHHA] (2017) Healthy people, healthy systems: a blueprint for a post 2020 national health agreement. Available at <https://ahha.asn.au/Blueprint> [Verified 14 May 2019].
- Australian Nursing Federation [ANF] (2009) Primary Health Care in Australia: a nursing and midwifery consensus view. ANF: Rozelle, NSW.
- Bradbury J, Nancarrow S, Avila C, Pit S, Potts R, Doran F, Freed G (2017). Actual availability of appointments at general practices in regional New South Wales, Australia. *Australian Family Physician* **46**(5), 321-324.
- Crisp N, Iro E (2018) Putting nursing and midwifery at the heart of the Alma-Ata vision. *The Lancet* **392**, 1377-1379.
- Department of Health (2019) Health Workforce Data – publications: Nurses and midwives 2017 factsheet. Australian Government. Available at <https://hwd.health.gov.au/publications.html#nrmw> [Verified on 12 February 2019]
- Health Workforce Australia [HWA] (2014) Australia's Future Health Workforce – Nurses Detailed. Available at <https://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-reports> [Verified 24 June 2019].
- Helms C, Crookes J, Bailey, D (2015) Financial viability, benefits and challenges of employing a NP in general practice. *Australian Health Review* **39**(2), 205-210.
- Keleher H, Parker R, Abdulwadud O, Francis K (2009) Systematic review of the effectiveness of primary care nursing. *International Journal of Nursing Practice* **15**(1), 16–24.
- KPMG International (2015) What Works: As strong as the weakest link. Available from: <https://assets.kpmg/content/dam/kpmg/pdf/2016/01/value-based-organizations.pdf> [Verified 24 June 2019].
- New South Wales Health (2019) Value based healthcare. Available from: <https://www.health.nsw.gov.au/Value/Pages/default.aspx> [Verified 10 May 2019].
- NPS MedicineWise and Consumers Health Forum of Australia (2018) Engaging consumers in their health data journey. Available from: <https://chf.org.au/publications/engaging-consumers-their-health-data-journey> [Verified 24 June 2019].